

## Appendix B

### MDH Water Fluoridation Reporting Log

Month: \_\_\_\_\_ Year: \_\_\_\_\_

*Instructions: Record fluoride test results (in ppm) for each individual well or fluoride entry point. Return by fax to (601) 576-7498 or email to [John.Justice@HealthyMS.com](mailto:John.Justice@HealthyMS.com) or mail to MDH Dental & Oral Health, P.O. Box 1700, Jackson, MS 39215-1700 on or before the 5th day of the following month. If there are questions, call John Justice at (601)576-7500.*

Name of Water System: \_\_\_\_\_ Operator's Name: \_\_\_\_\_

PWS ID#: \_\_\_\_\_ Name of well/fluoride entry point sampled: \_\_\_\_\_

County: \_\_\_\_\_ Total # fluoride entry points: \_\_\_\_\_ Testing Method (Circle one): Ion    Photo    Color

DAY #:	TEST RESULT (PPM):	DAY #:	TEST RESULT (PPM):
01		17	
02		18	
03		19	
04		20	
05		21	
06		22	
07		23	
08		24	
09		25	
10		26	
11		27	
12		28	
13		29	
14		30	
15		31	
16		SPLIT SAMPLE TAKEN ON:    /    /	
		SPLIT SAMPLE RESULT:	

**FLUORIDE CONTROL RANGE is 0.7 PPM to 1.3 PPM**  
**OPTIMAL FLUORIDE LEVEL IS 0.8 PPM**